

PREFERRED DRUG LIST MEETING SCHEDULE

State of Montana
Department of Public Health &
Human Services

Montana Medicaid Drug Use Review Board/Formulary Committee Meeting

The State of Montana Medicaid Drug Utilization Review Board/Formulary Committee will hold a meeting on :

Date: December 15, 2004 (Wednesday)
Time: 1:00 pm – 4:00 pm Mountain Time
Location: Montana Association of Counties (MACo) Building
2715 Skyway Drive, Helena

At this time the Montana Medicaid Drug Utilization Review Board/Formulary Committee will review the following drug classes for Preferred Drug List (PDL) review:

Drug Class Reviews

All drugs reviewed pertain to oral drugs unless otherwise indicated. Drug Class Reviews subject to change at the discretion of the Department. Length of Committee discussion on particular Drug Class Reviews may result in the rescheduling of some of the Drug Class Reviews to a later date.

- ANTIDEPRESSANTS: SELECTIVE
SEROTONIN REUPTAKE INHIBITORS
- ANTIDEPRESSANTS: NOVEL
- STIMULANTS/ADHD AGENTS
- CHOLINESTERASE
INHIBITORS: ALZHEIMER'S
AGENTS

When the PDL is implemented, all currently marketed atypical antipsychotics, mood stabilizers and anticonvulsants will be listed as preferred on the Preferred Drug List.

Public Testimony will be taken into consideration in the committee's recommendations as to which drugs should be given preferred status in the above listed classes of medications for the state's Medicaid program. Sign-up for public comment will occur between 12:30pm -12:55 pm outside the Conference Room. See the General Procedures for Public Comment section of this document for further details

For a complete listing of agents to be discussed, please see the Complete Drug Listing that follows

Clinical Information: Clinical information (in electronic format in PDF in the AMCP style dossier or desired style) must be sent on the drug classes listed above by December 7, 2004 (only electronic PDF copy will be accepted) to:

Mark Eichler, Mountain-Pacific Quality Health Foundation,

Tel: 406-457-5818, fax 406-443-2580, meichler@mpqhf.org and cc: pdl@state.mt.us

Note: This request constitutes a request for information pertaining to peer-reviewed literature including off label peer-reviewed studies or AMCP style - dossiers. Please note that all information sent is subject to public disclosure and that proprietary and confidential material should not be sent and that the sender accepts responsibility for all information sent. **All information sent will be posted on a public website for viewing.**

**Montana Medicaid
Department of Public Health and Human Services
DUR Board Meeting**

General Procedures for Public Comment

1. Thirty minutes prior to the beginning of the DUR Board Meeting, a sign up sheet for Public Comment will be posted for Pharmaceutical Manufacturers and Special Interest Groups for each Drug Class to be reviewed.
2. Sign up will close 5 minutes prior to the beginning of the DUR Board Meeting.
3. Speakers will be assigned on a first come basis respective to each Drug Class discussion.
4. Speakers will be asked to present on their corresponding product or interest.
 - a. Public comment will be allowed for up to 10 minutes to present information. However, please be respectful of your other colleagues and also of the Board's time. Please do not take 10 minutes if it is not needed. We are trying to be cognizant of the process and allowing everyone an ample amount of time to present and provide information to the Board. We will continue to monitor this process and make changes as needed to ensure it meets the needs of all the parties involved. The DUR Board Coordinator has the option to end a speaker's comment time if the information is not relevant to the topic of discussion.
 - b. Speakers must state their name, their affiliation, and whom they are speaking on behalf of or on request of, with any funding or payment agreements disclosed. Any studies cited during the presentation should be referenced with the primary source of funding included.
 - c. Handouts are limited to two (2) pages (paper size: 8.5" by 11", one side only) of documentation. Access to computers or other technology presentation devices for slide presentations will not be available during this comment period.
 - d. Public Comment will be limited to clinical and social comments; pricing or financial information regarding products and outcomes will not be permissible. The Board will be utilizing clinical information only. Information regarding pricing, cost or any other information of a financial nature will not be permissible and should not be discussed in handouts or during presentation by any public speaker.
 - e. The speakers presenting handouts are asked to provide at least thirty (30) copies that will be distributed by Foundation staff to the DUR Board members, State staff and for public distribution.
 - f. Copies will be collected by Foundation staff members at the time of sign-up.

- g. The State, FHSC and the DUR Board will be allowed to ask questions if needed during the presentation or after for clarification or discussion. Presenters will only be allowed to answer questions when specifically requested to do so by the Board during the remainder of the meeting.
 - h. It is not permissible for presenters to interject or ask questions to DUR Board members during the session
- 5. Individual products may only be represented by one presentation. For example, a product jointly ventured by two pharmaceutical companies can only be represented once.

Note: These procedures may be revised at the discretion of the Department.

**Montana Department of Public Health and Human Services
Drugs to be reviewed on December 15, 2004**

NOTE: this listing is a list of drugs that will be discussed at the next Montana Medicaid DURB/Formulary Meeting. The order of drugs and their grouping within specific clinical classes may vary in presentation

ANTIDEPRESSANTS: SSRI'S

CELEXA®
CITALOPRAM
FLUOXETINE
FLUVOXAMINE
LEXAPRO®
PAROXETINE
PAXIL®
PAXIL CR®
PEXEVA®
PROZAC®
PROZAC WEEKLY®
SARAFEM®
ZOLOFT®

ANTIDEPRESSANTS: NOVEL

BUPROPION
BUPROPION SR
CYMBALTA®
DESYREL®
EFFEXOR®
EFFEXOR XR®
MIRTAZAPINE
MIRTAZAPINE RAPID TABS
NEFAZODONE
REMERON®
REMERON SOLTAB®
TRAZODONE
WELLBUTRIN®
WELLBUTRIN SR®
WELLBUTRIN XL
ZYBAN®

STIMULANTS/ADHD AGENTS

ADDERALL®
ADDERALL XL®
AMPHETAMINE SALT
COMBINATION
CONCERTA®
DEXEDRINE TABLETS®
DEXEDRINE SPANSULES®
DEXTROAMPHETAMINE TABS
DEXTROAMPHETAMINE
SPANSULES
DEXTROSTAT®
FOCALIN®
METADATE CD®
METADATE ER®
METHYLIN®
METHYLIN ER®
METHYLPHENIDATE
METHYLPHENIDATE ER
PROVIGIL®
RITALIN®
RITALIN LA®
RITALIN SR®
STRATTERA®

CHOLINESTERASE INHIBITORS:

ALZHEIMER'S AGENTS

ARICEPT®
COGNEX®
EXELON®
REMINYL®